

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10194524 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2	/	/				
3	2	/				
4	2	/				
5	0	/				
6	0	/				
7	0	/				
8	0	/				
9	0	/				
10	0	/				
11	0	/				
12	0	/				
13	/	/				
14	/	/				
15	/	/				
16	/	/				
17	4	/				
18	0	/				
19	0	/				
20	0	/				
21	0	/				
22						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			74			
TOTAL CLAIMS			74			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				